

DEPARTMENT OF VETERANS AFFAIRS
NATIONAL ACQUISITION CENTER
FEDERAL SUPPLY SERVICE (049A1F1)
PHARMACEUTICAL TEAM
P.O. BOX 76, BLDG. 37 (1ST. AVE., 1 BLOCK NORTH OF 22ND ST.)
HINES, ILLINOIS 60141

FEDERAL SUPPLY SCHEDULE

REQUEST FOR MODIFICATION FORM

**THIS COPY IS FOR YOUR CONTRACT FILE AND SHOULD BE USED
AS YOUR MASTER COPY.**

CONTRACTOR: Please use this form in conjunction with the Modification Clause, 552.243-72 and Generic Item Modifications, AS212, of your contract. This form should be used to submit ALL changes to your FSS contract. Pages 3 and 6 include a suggested format of the required information needed to be submitted with your request. You may replace our form with your own format as long as it contains all the required information and any attachments if necessary. **Submit only the pages that pertain to the change(s) being requested.**

This request for modification form(s) may be faxed to (708) 786-4975 or 4974 and **MUST** be followed by an original copy.

Note: Please review the required information needed for each type of change and submit all required information pertaining to that specific change in your package. If all required material is not received, your Contracting Officer may return your package with no additional action.

Revised 11/01/2002

- 1) Proposed item - Generic name, Trade/Brand Name, National Drug Code (NDC) or item number and description, including strength, size, etc.
- 2) Proposed FSS price without Industrial Funding Fee (IFF) and proposed FSS price with IFF.
- 3) Proposed discount off the commercial price list.
- 4) **Either** Actual **or** Estimated Commercial Annual sales for **each** item offered.
- 5) **Either** Actual **or** Estimated Annual Government sales for **each** item offered.
- 6) **DEALERS/SUPPLIERS**: Submit letter of commitment from the manufacturer which assures the offeror a source of supply sufficient to satisfy the Government's requirements for the contract period (see Clause I-FSS-644 of your contract)

REQUEST FOR MODIFICATION FORM**PRODUCT ADDITIONS (CONTINUED)**

E) Identify your lowest commercial price for each item offered, as described below:

1) If the lowest price is being proposed to the Government, identify your Most Favored Customer Commercial (MFC), the price this customer receives and whether this customer is the agreed upon tracking customer or within the category of customers awarded under your contract.

2) If the lowest price **is not** being offered to the Government, then provide all of your firm's **commercial prices that are lower which represent significant and frequent discounting practices excluding true ad hoc discounts.** Include the following information for all items: generic name, trade/brand name, NDC number, commercial price, name of the commercial customer receiving this price, justification why the Government was not offered this lower price.

3) Because these are product additions and no tracking customer has been agreed upon for these items, please provide a proposed tracking customer or category of customers for these items. This will not affect the previously awarded items and the previously agreed upon tracking customer or category of customers.

F) Is/Are the item(s) being offered for distribution under Government Authorized Prime Vendor Programs? This will include all current eligible users of the program (i.e. Department of Defense, Bureau of Prisons, Indian Health Service facilities, etc.)

YES _____ NO _____

G) Complete the following certification:

I, _____ certify that items offered are not replacements for previously deleted items with a lower cost.

NOTE: The effective date of the modification will be determined at the time of approval of the request by the Contracting Officer. **Effective dates will be assigned as either the 1st or 15th of the month.** Approval of the amendment is contingent upon your **publication and distribution of a supplement** to the FSS price list.

PLEASE PROVIDE AUTHORIZED SIGNATURE AND DATE BELOW:

Signature and title of authorized person Date

_____ Approved _____ Approved as Amended _____ Disapproved

Signature of Contracting Officer Date Effective Date

If there are multiple line items, please submit all items on one spreadsheet.

REQUEST FOR MODIFICATION FORM

Contractor Name: _____ Date submitted to VANAC: _____

Contract No.: V797P-

FSS Schedule: Please check the correct schedule:

() 65 Part I, Section B – Pharmaceuticals

() 65 Part VII – In Vitro Diagnostics/Reagents

PRICE INCREASES: (See Economic Price Adjustment and Generic Item Modifications clauses in your contract.)

Special Item Number (SIN) _____.

A) The following information should be provided for each item being proposed for an increased price to support the reasonableness of the price change: (See attached spreadsheet, page 6)

- 1) Item (include generic and brand name, NDC# and description)
- 2) Current FSS pricing
- 3) Proposed FSS pricing (with and without Industrial Funding Fee)
- 4) Percentage change from current FSS to proposed FSS pricing
- 5) Previous tracking customer price
- 6) Current tracking customer price
- 7) Percentage change from previous tracking customer price to current tracking customer price
- 8) Previous commercial pricing
- 9) Current commercial pricing
- 10) Percentage change from previous commercial to current commercial pricing

Please Note: The awarded tracking customer and the established ratio at time of award will affect your ability to receive an increase.

B) Provide a dated copy of previous and current commercial price lists.

C) Complete the following certification:

I, _____ certify that no adverse change has occurred in the ratio between the awarded FSS price and the tracking customer price since the award of the item.

PRICE REDUCTIONS: (See Price Reduction Clause in your contract.) Special Item Number (SIN) _____.

A) The requested price reduction is made for the following reason(s) (mark all that apply):

- 1) ____ Voluntary, to Government only.
- 2) ____ Revised commercial catalog, price list, or other document upon which the contract award was predicated, to reduce prices.
- 3) ____ Granted more favorable discounts or terms and conditions than those contained in the commercial catalog, price list, or other documents upon which the contract award was predicated.
- 4) ____ Granted special discounts to the tracking customer that was the basis of award, and the change disturbs the ratio.
- 5) ____ In accordance with Public Law 102-585 for “covered drugs” only.

*If 2, 3 or 4 is marked, please submit a copy of the applicable catalog, price list, contractor bulletin, letter or customer agreement which details the effective date, duration, terms and conditions of the price reduction.

REQUEST FOR MODIFICATION FORM

PRICE REDUCTIONS (CONTINUED)

B) Indicate below if the price reduction being offered is temporary or permanent. If temporary, indicate the applicable time frame.

() Permanent () Temporary (Time Frame: _____)

C) Provide on an attachment, the item(s) to be reduced, NDC #, current FSS pricing, proposed reduced pricing, and if temporary, please provide the time frame.

PUBLIC LAW 102-585 PRICING UPDATES (Applies to SIN 42-2A only)

A) Provide a listing of all "covered drug" NDC numbers and proposed price changes (decreases or increases) required/permitted by Public Law 102-585.

B) Complete the following certification:

I, _____ understand that the Public Law calculated Federal Ceiling Price is the maximum price for an NDC and that the Price Reduction Clause may cause the actual FSS selling price to the Government to fall below the FCP. I have reviewed (a) my commercial pricing and the price/discount relationship applicable to my awarded tracking customer, and (b) the Price Reduction Clause with regard to the maintenance of the established price/discount relationship, and (c) I certify that the attached updated prices do not adversely disturb the price/discount relationship established for this FSS contract.

NOTE: The effective date of the modification will be determined at the time of approval of the request by the Contracting Officer. **Effective dates will be assigned as either the 1st or 15th of the month.** Approval of the amendment is contingent upon your **publication and distribution of a supplement** to the FSS price list. PLEASE PROVIDE AUTHORIZED SIGNATURE AND DATE BELOW:

Signature and title of authorized person

Date

() Approved () Approved as Amended () Disapproved

Signature of Contracting Officer

Date

Effective Date

REQUEST FOR MODIFICATION FORM

Contractor Name:

Contract No.: V797P-

Date submitted to VANAC:

FSS Schedule: Please check the correct schedule:

() 65 Part I, Section B - Pharmaceuticals
() 65 Part VII – InVitro Diagnostics/Reagents

Prime Vendor Participation: () Yes () No

PRICE INCREASE AND/OR DECREASE

Please check appropriate modification type:

- () Price Increase pursuant to Modification Clause or Generic Modification Clause (Complete columns A thru O)
- () Price Increase/Decrease in accordance with update to PL 102-585 pricing (**SIN 42-2A items only**) (Complete columns A thru E, G & H, J&K)
- () Price Reduction: (Complete columns A thru H, J & K, M & N) () Permanent () Temporary (Time Frame _____)

Please submit this information in a minimum **FONT SIZE OF 12.**

[illegible]

	M	N	O
NDC # or Item #	Previous Comm. Price	Current Comm. Price	% Comm. Change

If there are multiple line items, please submit all items on one spreadsheet.

Contractor Name: _____ Date submitted to VANAC: _____

FSS Schedule: Please check the correct schedule:

☐ 65 Part I, Section B – Pharmaceuticals

☐ 65 Part VII – In Vitro Diagnostics/Reagents

Provide a listing of the items being proposed for deletion, including National Drug Code number or item number, description of the product and **reason for deletion** (i.e. discontinued manufacturing, etc.)
(See suggested format below)

Please submit this information in a minimum **FONT SIZE OF 12.**

Reason for deletion	NDC Number or Item Number	Generic and Brand Name	Unit	Strength	Size

Tracking Customer Change: Reason for change: _____

NDC#	Generic Name	Commercial List Price	MFC Name	MFC Price	MFC Discount off List Price	Additional Discounts or Concessions

NDC#	Generic Name and Trade Name	Unit	Strength and Size	Percent (%) Discount off commercial list price	Proposed FSS price without IFF	Proposed FSS price with IFF

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☐ Approved ☐ Approved as Amended ☐ Disapproved

Signature of Contracting Officer	Date	Effective Date
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